

ISSUE SLIP STATE OF TEXAS (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	lw	7154	6-28-89
O.I.P.E. CLASSIFIER	(P)	57	7-2-89
FORMALITY REVIEW		70121	7/10/89

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 i Interference
 A Appeal
 O Objected

Claim	Date
Final Original	04/09/01/07/11/5
1	02/04/24/01/26/12
2	02/02/03/03/03/04
3	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓
4	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓
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Claim	Date
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Claim	Date
Final Original	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)